

C.P. v. Blue Cross Blue Shield of Illinois
USDC (W.D. Wash.), No. 3:20-cv-06145-RJB

CONFIDENTIAL EXHIBIT

Filed Under Seal
Pursuant to Protective Order (Dkt. No. 25)

Exhibit A

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF F WASHINGTON
AT TACOMA

C.P., by and through his parents,)
Patricia Pritchard and Nolle)
Pritchard and PATRICIA PRITCHARD,)
Plaintiffs,)
vs.) No. 3:20-cv-06145-RJB
BLUE CROSS BLUE SHIELD OF)
ILLINOIS,)
Defendant.)

ZOOM VIDEO DEPOSITION UPON ORAL EXAMINATION
OF
KIM REED 30 (b) (6)

10:13 a.m.
June 2, 2022

REPORTED BY: Pat Lessard, CCR #2104

1 Are you currently employed?

2 A. I'm employed by HCSC.

3 Q. And what's the relationship between HCSC and
4 Blue Cross Blue Shield of Illinois?

5 A. My understanding is that Blue Cross
6 Blue Shield of Illinois is part of HCSC, which is five
7 different health plans: Blue Cross of Montana,
8 Illinois, New Mexico, Oklahoma, Texas, plus other
9 subsidiary companies as well.

10 So Blue Cross Blue Shield of Illinois is a
11 part of HCSC.

12 Q. Thank you. What is your role at HCSC at
13 present?

14 A. I currently serve as the vice president for
15 medical policy. So that's my title and my role.

16 Q. What are your responsibilities as vice
17 president for medical policy?

18 A. So I oversee the development of medical
19 policy at HCSC. I have a team of staff, including
20 nurses and physicians, that are involved in the
21 medical policy development process. So I oversee that
22 process.

23 We also include physicians from other parts
24 of the company, the various state plans that
25 participate in that as well.

1 I also oversee the clinical appeals team.
2 So I have a physician that oversees that and he has
3 other physicians on his team that work in that area.

4 And I also provide clinical support for a
5 variety of other activities, mental health parity,
6 preventative care services, you know, and provide
7 overall clinical support as needed for other
8 initiatives.

9 Q. Thank you. In your role overseeing the
10 development of medical policy, does that entail
11 clinical research for policy development?

12 A. Well, when you say "clinical research," we
13 don't do clinical research here.

14 As part of our medical policy development
15 process we look at and evaluate research that has been
16 done in the medical development process.

17 Q. What are the types of sources of information
18 that you review in developing medical policy?

19 A. Well, there's a wide variety of resources
20 that we would use. You know, the foundation for our
21 medical policies is based on the evidence-based
22 clinical literature that's out in the scientific
23 community.

24 So articles that are published in, you know,
25 respected journals like the New England Journal of

1 Medicine, the Journal of the American Medical
2 Association. A wide variety of scientific
3 publications.

4 And we look at resources that we have as
5 being part of the Blue Cross Blue Shield association
6 where we have access to their medical policy
7 resources.

8 We look at what other personal health plans
9 or government programs are looking at in terms of
10 medical policy.

11 So there's a broad scope of resources that
12 we use to look at what the current thinking is behind
13 medical policy for certain services, whether it's
14 drugs or devices or procedures or, you know, a whole
15 host of different services.

16 Q. In what circumstances would HCSC feel the
17 need to develop a medical policy for a particular
18 service?

19 MS. PAYTON: Object to the form. Object to
20 the form of the question.

21 Q. (By Mr. Gonzalez-Pagan) Let me restate
22 that.

23 What is the purpose of a medical policy?

24 A. Well, fundamentally the medical policy is to
25 give a statement about what our coverage position

1 would be for a certain service or procedure or device
2 or pharmaceutical.

3 In general it would not be possible to have
4 a medical policy for every single thing that could
5 possibly be considered as part of a medical service.

6 But in general we try to develop medical
7 policies for those things or those services where
8 there would be questions from providers or members or
9 whomever in terms of what our coverage position, you
10 know, might be, so that we can provide clarity in
11 terms of those things that we would consider to be
12 medically appropriate, medically necessary, and those
13 things that we would otherwise consider not to be
14 medically necessary.

15 Q. Thank you. And how long have you been in
16 your current role as the vice president for medical
17 policy?

18 A. I've been at HCSC for 25 years. As best as
19 I recall, I believe I have -- and I've been in a
20 variety of different roles -- but I believe roughly
21 seven or eight years as overseeing medical policy.

22 Q. And you mentioned that you have been in
23 other roles prior to that.

24 Did these roles have to do with the
25 development of medical policy as well?

1 Blue Shield of Illinois's organizational
2 representative regarding Topic 5.

3 Are you prepared to testify as to that topic
4 here today?

5 A. Yes.

6 Q. Previously we established that Blue Cross
7 Blue Shield of Illinois has a number of medical
8 policies the purpose of which is to provide clarity to
9 providers and members as to what is covered and how on
10 their Blue Cross Blue Shield of Illinois plans, is
11 that correct?

12 A. Yes.

13 Q. And then you gave us some testimony about
14 how you review a number of the scientific literature
15 and studies and standards of care in developing these
16 policies, is that correct?

17 A. Yes.

18 Q. In developing these policies, these medical
19 policies, do you also consult with specialists in the
20 field with regards to particular aspects of health
21 care?

22 A. That's frequently part of our process where
23 we would actually reach out to, you know, other
24 specialists within the field or reach out in terms of
25 getting a specialized consultation from various

1 administration of exogenous endocrine agents to induce
2 feminizing or masculinizing changes, i.e., hormone
3 replacement therapy; gender-affirming or
4 sex-reassignment surgery or procedures and other
5 medical services or preventative medical care provided
6 to treat gender dysphoria and/or related diagnoses as
7 outlined in the World Professional Association for
8 Transgender Health, Standards of Care for the Health
9 of Transsexual, Transgender and Gender nonconforming
10 people, 7th Version."

11 Do we have the same understanding of what
12 I'm referring to then when I talk about
13 gender-affirming health care?

14 A. I think so, yes.

15 Q. Does Blue Cross Blue Shield of Illinois have
16 a medical policy with regards to gender-affirming
17 health care?

18 A. We have a medical policy that I believe is
19 entitled "Gender Assignment and Gender-Reassignment
20 Surgery," which I think would encompass treatment of
21 individuals who are seeking gender-affirming health
22 care.

23 MR. GONZALEZ-PAGAN: Thank you. I know we
24 have a couple more minutes left.

25 I think this might be a good place to stop,

1 Gender-Assignment Surgery and Gender-Reassignment
2 Surgery with Related Services policy?

3 A. Well, if we actually look at the policy
4 itself it has a history on it.

5 I did look at it, you know, within the past
6 couple days. But the specific answer to that would be
7 actually in the policy.

8 I want to say it's been since around 2008
9 but I would have to look at the policy to see the
10 history.

11 Q. Okay.

12 A. To see how long we've had it.

13 Q. Well, we'll look at some different
14 variations of the policy over time in a second.

15 Do you know whether Blue Cross Blue Shield
16 of Illinois had a blanket exclusion for
17 gender-affirming care at one point?

18 A. Are you saying an exclusion based on the
19 Certificate of Benefits or an exclusion based on
20 medical policy?

21 Q. Based on medical policy.

22 A. My understanding is that there was a time,
23 yes, where the policy, if we look at versions of the
24 policy from a number off years ago, that there was a
25 language that indicated that it was not medically

1 necessary.

2 Q. Let's take a look at Exhibit 31, if you can,
3 please.

4 (Marked Deposition Exhibit No. 31.)

5 MS. PAYTON: Do you want help with that?

6 THE WITNESS: Let me see. I'm getting it
7 here.

8 A. Okay. I think I have it.

9 Q. (By Mr. Gonzalez-Pagan) Do you recognize
10 this document?

11 A. Yes.

12 Q. What is it?

13 A. The document that I have is Gender
14 Assignment Surgery and Gender Reassignment Surgery
15 with Related Services with an effective date of
16 10/1/2016.

17 Q. Now previously you indicated that you
18 reviewed some of Plaintiff C.P.'s medical records in
19 preparation for your testimony today, is that right?

20 A. That's correct.

21 Q. Would this be the policy that was in effect
22 at the time that Plaintiff C.P. was prescribed a
23 puberty blocker in November of 2016?

24 A. This would be, based on the date of this
25 policy, October of 2016, I believe it would be the

1 Q. Were you the VP of medical policy in
2 November of 2015?

3 A. I would have to pull the records to see. I
4 mean I know that I've been, as I said, roughly around
5 that time, but I would have to look into the documents
6 to see.

7 Q. Okay. Based on your review of the various
8 medical policies and conversations with some
9 physicians and others at HCSC in preparation for
10 today's deposition do you know when Blue Cross
11 Blue Shield of Illinois decided to cover
12 gender-affirming care under its medical policy?

13 A. I'm just looking here at the document,
14 looking at the history of it. Because I think that
15 outlines basically the history of how the policy was
16 updated and changed.

17 It appears, based on what I'm looking at,
18 that it was roughly around 2015.

19 Q. Okay.

20 A. Because the document says that document
21 update of literature review, multiple coverage changes
22 from experimental/investigational and/or unproven to
23 medically necessary, primary and secondary gender
24 reassignment surgeries and related terms.

25 So I believe it would be roughly around that

1 time in November of 2015 based on the history of the
2 medical policy.

3 Q. Let's go down two entries on the History, if
4 you don't mind, or the entry dated March 15, 2013.

5 Do you see that?

6 A. Yes, I do.

7 Q. It states "Document updated with literature
8 review. Coverage unchanged. The following was added:
9 Gender reassignment surgery and related services for
10 those members with a contract or a certificate of
11 coverage that would allow for gender reassignment
12 surgery when specific criteria are met."

13 Does this mean that Blue Cross Blue Shield
14 of Illinois didn't change its policy per se but that
15 it would allow members to override it in 2013, to
16 cover, to allow for coverage?

17 MS. PAYTON: Object to the form, "Member."

18 A. So yes. And in relation to your prior
19 question, the update in 2013 would indicate to me that
20 if there were groups, clients, that had decided to
21 have benefits for this type of services that there
22 would be criteria that would be included in terms of
23 determining whether they were medically necessary for
24 those individuals.

25 Q. (By Mr. Gonzalez-Pagan) Who would set forth

1 those criteria?

2 A. The criteria would be set through the
3 Medical Policy Committee.

4 Q. I'm not trying to be obtuse here. I'm
5 trying to understand.

6 A. Yes.

7 Q. There's a medical policy that was
8 established going back to 2006. It didn't allow for
9 coverage.

10 In 2013 there was a change to allow groups
11 to provide that coverage if certain criteria are met.

12 Does that mean that the criteria was set by
13 the Medical Policy Committee, if you will -- just to
14 clarify, let me go back, actually, one basic question.

15 So does this medical policy apply to
16 non-self-funded plans sold or provided by Blue Cross
17 Blue Shield of Illinois?

18 MS. PAYTON: Object to the form of the
19 question.

20 A. So my understanding is that this medical
21 policy would apply for insured plans and other
22 self-insured plans that may choose to include coverage
23 under our medical policy.

24 Q. (By Mr. Gonzalez-Pagan) Okay. Thank you.
25 Just to clarify the question, then, here.

1 Does this medical policy apply to insured plans
2 provided by Blue Cross Blue Shield of Illinois?

3 A. The medical policies that we have in place,
4 yes, typically are applicable to insured plans. I
5 can't speak to whether there may be some exceptions
6 for an insured plan that wants to make some sort of
7 other exception to it.

8 But in general, yes.

9 Q. So just to go back and understand the change
10 that occurred in 2013, does this mean that members
11 with self-funded plans could choose to provide
12 coverage in accordance with certain criteria set by
13 the Medical Policy Committee but that that coverage
14 was not available for insured plans in 2013?

15 MS. PAYTON: Object to the form of the
16 question.

17 A. I think --

18 Q. (By Mr. Gonzalez-Pagan) I'm just trying to
19 understand what happened in 2013, right, so.

20 A. Yeah. So the best of my understanding is
21 that in 2013 the update to the policy was that there
22 were medical criteria that were established that would
23 allow coverage based on clinical criteria for those
24 groups that wanted to include coverage for this
25 condition.

1 Q. Thank you. And just to clarify when we talk
2 about groups we're talking about self-funded plans,
3 not insured plans?

4 A. Yes.

5 Q. Thank you. Okay.

6 So in 2013 some group members were able to
7 provide coverage in accordance with medical criteria
8 established and then the medical policy was changed in
9 2015 to apply to not just those group plans that
10 wanted it to but also to insured plans overall, is
11 that correct?

12 MS. PAYTON: Object to the form.

13 A. If you can give me a moment. I'm just
14 looking at the language here.

15 Q. (By Mr. Gonzalez-Pagan) Sure. Take your
16 time.

17 A. My understanding is that in 2013 the policy
18 was updated so that those groups that chose to provide
19 services for gender reassignment would have coverage
20 available based on clinically based medical criteria.

21 In 2015, the document to me suggests that
22 there were just updates made to the policy based on
23 clinical criteria.

24 Q. And the establishment of those medical --
25 sorry. The establishment of those specific criteria,

1 was it based on scientific evidence and the review of
2 medical literature?

3 A. Yes. All of our policies, whether it's this
4 policy or any other medical policy, are based on a
5 review of the scientific literature.

6 And specifically for this policy to see what
7 those references are they're included in the policy
8 itself to cite which references were reviewed that
9 were the basis for the policy.

10 Q. What prompted the multiple coverage changes
11 from experimental/investigational and/or unproven to
12 medically necessary in 2015?

13 MS. PAYTON: Object to the form.

14 A. Well, my recollection is that -- you know,
15 as a routine process that we had in terms of medical
16 policy development we do at least an annual review of
17 the literature.

18 And, you know, similar to other policies,
19 the literature changes and there's discussion about
20 what we believe to be appropriate clinical criteria
21 either to approve or not approve coverage for certain
22 procedures.

23 And I think this was done in a similar
24 fashion where there was a routine update of the
25 policy, consideration of new and emerging literature

1 and information from various sources.

2 I do recall that as part of those
3 discussions in around that time there was a review of
4 the WPATH recommendations or guidelines. And WPATH,
5 I'm sure you know, is the World Association of
6 Transgender Health.

7 So that was considered as well, along with
8 other scientific literature.

9 Q. (By Mr. Gonzalez-Pagan) Thank you.

10 Did the passage of the Illinois legislative
11 mandate referenced on the first page of this document
12 have anything to do with the changes to medical policy
13 in 2015?

14 MS. PAYTON: Object to the form.

15 A. Well, as I mentioned before, we have a
16 common medical policy across the various states within
17 HCSC. So we don't have different medical policies for
18 Montana or Illinois or New Mexico or any other state
19 because the clinical evidence is what it is.

20 If there's a legislative mandate or a
21 regulation that lies on top of the medical policy then
22 clearly we would have to adhere to any legislative
23 mandate that was in force for any of the divisions
24 within HCSC.

25 Q. (By Mr. Gonzalez-Pagan) So because any --

1 "Psychological services, including but not
2 limited to psychotherapy, social therapy and family
3 counseling and/or

4 "Chest surgery for FTM individuals."

5 Did I read that correctly?

6 A. Yes.

7 Q. And FTM refers to individuals who are
8 assigned female at birth but identify as male, is that
9 correct?

10 A. Yes. It's a transition from female to male.

11 Q. Based on what we just read, the provision of
12 puberty blockers or puberty-suppressing hormones could
13 be considered medically necessary in postdating
14 October 1st, 2016, is that right?

15 A. Yes.

16 Q. And based on what we just read, the
17 provision of chest surgery for individuals who are
18 transitioning from female to male could be considered
19 medically necessary even if they are an adolescent?

20 A. Yes.

21 Q. Are you familiar with what a Vantas implant
22 is?

23 A. My understanding is that it's a drug
24 implanted surgically that for individuals who are
25 transitioning in terms of gender can be used as a

1 puberty blocker.

2 So it's a type of hormonal therapy.

3 Q. Under this policy would a Vantas implant be
4 covered as treatment for adolescent gender dysphoria
5 as being medically necessary?

6 MS. PAYTON: I'll object to the form of the
7 question.

8 And I just -- I want to put on the record,
9 Omar, I think you know this but I want to make sure
10 it's clear that we have informed you we are not
11 raising a standing affirmative defense in the case.

12 MR. GONZALEZ-PAGAN: That's understood.

13 MS. PAYTON: Okay.

14 MR. GONZALEZ-PAGAN: I will still continue
15 with the line of questioning but I appreciate that.

16 Thank you.

17 MS. PAYTON: Okay. So object to the form.

18 Q. (By Mr. Gonzalez-Pagan) Let me restate my
19 question, Doctor, if you don't mind.

20 Under this policy, the 2016 policy, under
21 this policy a Vantas implant would have been covered
22 as treatment for adolescent gender dysphoria if deemed
23 medically necessary, correct?

24 A. Yes, as long as the other criteria within
25 the policy are met.

1 Recap," do you see that?

2 A. Yes.

3 Q. The second sentence reads "Following
4 regulatory Inquiries/requirements, ACA requirements
5 and ALCU (along with others such as GLAAD)
6 involvement, the change policy became effective on
7 11/6/2015."

8 Do you see that?

9 A. I do.

10 Q. Is it fair to say that -- let me go back.

11 So any changes to the medical policy are
12 based on scientific review and medical literature.

13 And you indicated that that included also a
14 review of the WPATH standards of care, is that
15 correct?

16 A. That's correct.

17 Q. And was there a discussion also about the
18 nondiscrimination requirements contained in the
19 Affordable Care Act?

20 A. That was part of the discussion as well,
21 yes.

22 Q. But ultimately the policy is based on your
23 assessment of the literature and the WPATH standards
24 of care?

25 A. Yes.

1 characteristic services being needed to be taken to
2 the 1557 work group for rediscussion.

3 Is that right?

4 A. That's what it indicates, yes.

5 Q. What is the 1557 workgroup?

6 A. I believe that the 1557 refers to what I
7 think is a federal regulation related to
8 nondiscrimination.

9 Q. Do you know who was in the Section 1557
10 workgroup?

11 A. I'm sorry, I didn't understand that.

12 Q. Do you know who was on the 1557 workgroup?

13 A. I believe there were a variety of
14 individuals from the legal and regulatory management
15 area as well as legal counsel and others within HCSC.

16 Q. Do you know what was the charge of the
17 workgroup?

18 A. Well, I believe the charge of the workgroup
19 was to make sure that HCSC was in compliance with any
20 regulatory requirements under 1557.

21 Q. Since the enactment of the Affordable Care
22 Act Section 1557 have all changes to this medical
23 policy gone through the Section 1557 workgroup?

24 A. I'm so sorry. I didn't catch what you
25 asked.

1 A. WPATH was a significant consideration in
2 developing the policy.

3 Q. Thank you. I appreciate that. I guess any
4 question is a little bit different. Let me rephrase
5 it.

6 Does Blue Cross Blue Shield of Illinois
7 consider care provided in accordance with the WPATH
8 Standards of Care to meet its medical necessity
9 requirements?

10 MS. PAYTON: Object to the form.

11 A. To the extent that if you look at our
12 medical policy it is in conformance with current WPATH
13 guidelines and recommendations.

14 Q. (By Mr. Gonzalez-Pagan) Thank you. Let's
15 turn to -- let me ask you one more question before we
16 move on.

17 And we can even make reference to
18 Exhibit 31, if you want.

19 We previously established that Exhibit 31,
20 the 2016 medical policy, would have been the one in
21 effect at the time that Plaintiff C.P. was prescribed
22 a Vantas medical implant in November of 2016, is that
23 correct?

24 A. Yes.

25 Q. So the use of a Vantas implant to treat

1 C.P.'s gender dysphoria would have been covered under
2 the 2016 medical policy, is that correct?

3 MS. PAYTON: Object to the form.

4 A. Based on the medical records that I reviewed
5 my opinion is that it would have been eligible for
6 coverage based on the criteria.

7 Again, I didn't review the record. I
8 didn't, you know, make a decision on that. But based
9 on the records that I reviewed I think it would.

10 MR. GONZALEZ-PAGAN: Thank you.

11 If we could turn to Exhibit 33.

12 (Marked Deposition Exhibit No. 33.)

13 A. Okay.

14 Q. (By Mr. Gonzalez-Pagan) It's the Medical
15 Policy -- well, do you recognize this document?

16 A. Yes, I do.

17 Q. Okay. And these are the Medical Policy
18 Discussion Conference Call Minutes for February 23rd,
19 2021, is that correct?

20 A. Yes.

21 Q. If we go to the last page of the document.

22 A. Okay.

23 Q. On the third bullet point it reads "We have
24 decided as a company to follow WPATH."

25 Did I read that correctly?

1 transgender."

2 Did I read that correctly?

3 A. Yes.

4 Q. Does Blue Cross Blue Shield of Illinois
5 agree with that estimate of the population of
6 transgender individuals?

7 MS. PAYTON: Object to the form.

8 A. It's a reference from the American Academy
9 of Pediatrics.

10 I don't think we've taken a position on
11 whether we agree or disagree. It's simply a
12 reference.

13 Q. (By Mr. Gonzalez-Pagan) Sure. Let me ask
14 that a different way.

15 Does Blue Cross Blue Shield of Illinois have
16 any reason to dispute those numbers used by the
17 American Academy of Pediatrics?

18 A. No.

19 Q. If we can move on to Exhibit 34

20 (Marked Deposition Exhibit No. 34.) 34.

21 MS. PAYTON: Thirty-four?

22 MR. GONZALEZ-PAGAN: Thirty-four, yes.

23 A. I have it.

24 Q. (By Mr. Gonzalez-Pagan) Do you recognize
25 this document?

1 A. Yes.

2 Q. And this is the same medical policy with an
3 effective date of May 1st, 2019, is that right?

4 A. Yes.

5 Q. This is the policy that was in place when
6 the Plaintiff C.P. was provided, prescribed -- let me
7 start over.

8 This was the policy that was in place when
9 the Plaintiff C.P. was prescribed a second Vantas
10 implant, is that right?

11 A. I believe so, yes.

12 Q. And under this policy the provision of that
13 Vantas implant would have been considered medically
14 necessary. Under this policy the provision of that
15 Vantas implant would have been covered if considered
16 medically necessary, is that correct?

17 A. If it was being covered based on the medical
18 policy, yes.

19 Q. Just to -- for completeness sake, let's go
20 to the page -- it doesn't have actual numbers, so
21 let's go by the Bates stamp 3369.

22 A. Okay.

23 Q. Are you there?

24 A. Yes.

25 Q. Okay. In the middle of the page there's a

1 subsection -- a heading "Gender Reassignment Surgery
2 and Related Services for Children and Adolescents," is
3 that right?

4 A. Yes.

5 Q. Okay. And this reads exactly the same as
6 the one we read from 2016, is that correct?

7 A. I believe so, yes.

8 Q. It also states that chest surgery for female
9 to male adolescents may be considered medically
10 necessary.

11 Is that right?

12 A. That's correct.

13 Q. And this is the medical policy in effect in
14 the same year that Plaintiff C.P. received chest
15 reconstruction surgery as part of his treatment for
16 general dysphoria.

17 Is that right?

18 A. I believe so, yes.

19 Q. And you reviewed C.P.'s' medical records.
20 Given that he had a referral letter from a mental
21 health provider as well as a doctor to his surgeon for
22 a referral, C.P.'s chest reconstruction surgery would
23 have been covered as medically necessary under this
24 policy, is that right?

25 MS. PAYTON: Object to the form.

1 A. Based on the records that I reviewed and the
2 medical policy, yes, I believe it would have been
3 covered.

4 MR. GONZALEZ-PAGAN: Let's take a two-minute
5 break.

6 THE VIDEOGRAPHER: We're going off the
7 record at 1:14 p.m.

8 (Recess.)

9 THE VIDEOGRAPHER: We're back on the record
10 at 1:16 p.m.

11 MR. GONZALEZ-PAGAN: Dr. Reed, I'm just
12 going to refer you to Exhibit 37.

13 (Marked Deposition Exhibit No. 37.)

14 A. Exhibit 37?

15 Q. (By Mr. Gonzalez-Pagan) Yes.

16 A. Okay. I have it.

17 Q. This is another version of the gender
18 assignment surgery and gender-reassignment surgery
19 with related services medical policy, is that correct?

20 A. Yes.

21 Q. And do you recognize this document?

22 A. I do.

23 Q. And if you go to page 18 you see that this
24 document was last updated on January 15, 2021 where it
25 added a couple of references based on the literature

1 following or finding the sections that are relevant.

2 Q. (By Mr. Gonzalez-Pagan) And I just want to
3 take you to page two, Note 2 of the document.

4 And the first sentence reads "Psychotherapy
5 is not required for gender reassignment services
6 except when a mental health professional recommends
7 psychotherapy based on initial assessment prior to
8 gender reassignment surgery."

9 Did I read that correctly?

10 A. Yes.

11 Q. Just to clarify, in order to obtain surgery
12 there's a requirement that there be a referral from a
13 mental health provider but there's no requirement that
14 there be ongoing psychotherapy, is that correct?

15 MS. PAYTON: Object to the form.

16 A. I believe that's correct, yes.

17 Q. (By Mr. Gonzalez-Pagan) Are you aware based
18 Blue Cross Blue Shield -- well, are you aware based on
19 HCSC's medical policies whether Vantas implants are
20 covered for other conditions separate from the
21 treatment for gender dysphoria?

22 MS. PAYTON: Object to the form, scope.

23 A. You know, as an emergency medicine physician
24 this isn't an area of my expertise, but I'm generally
25 aware that there could be other indications for this

1 type of treatment.

2 MR. GONZALEZ-PAGAN: Okay. I think that's
3 it for us unless there's any redirect.

4 MS. PAYTON: No redirect. Thank you.

5 MR. GONZALEZ-PAGAN: Okay. I do want to
6 make a statement on the record just for purposes -- I
7 just want to put on the record that there's a pending
8 motion to compel some documents.

9 We received some discovery from defendants
10 late last night that we have been unable to review.
11 And given that, you know, we may -- we reserve the
12 ability to recall any of today's 30(b)(6) witnesses,
13 given that there's some late-produced discovery and
14 there's an ongoing motion to compel issue.

15 But I appreciate your time today, Dr. Reed.
16 Thank you for your testimony.

17 MS. PAYTON: Our position for that if is
18 there any unanswered question that -- I don't believe
19 that there is anything pending -- you know, we're here
20 to answer it.

21 What was produced yesterday was all that
22 privileged stuff that we are agreeing to let you
23 review under the agreement that there is no waiver.
24 It's not really germane to any of this testimony.

25 And I believe it might have also been --